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APPLICANTS
 Joseph M. Iglesias, Thousand Oaks, CA;
 Tracy E. Grim, Tulsa, OK;
 Stacy Wyatt, Camarillo, CA;
 Steven T. Pelote, Valley Village, CA;
 Luis F. Teran, North Hills, CA;
OK M.B.

**** CONTINUING DATA *******
 This application is a CIP of 08/580,129 12/28/1995 PAT 5,713,837
 and is a CIP of 09/018,318 02/03/1998 PAT 6,024,712
 and is a CIP of 09/504,980 02/15/2000 ABN
None MB

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 02/12/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 22	TOTAL CLAIMS 91	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>MB</i>				
Verified and Acknowledged	Examiner's Signature <i>MB</i>	Initials <i>MB</i>		

ADDRESS
24201

TITLE
Molded orthopaedic devices

FILING FEE RECEIVED 1518	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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